

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 32856
Registrar's No. 8906

FILED OCT 4 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Indiana</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Terre Haute</u> 8130	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>2501 Poplar</u>	
3. NAME OF DECEASED (Type or Print) <u>JANET MAYLOR COX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-23-52</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>11-30-43</u>
9. AGE (In years last birthday) <u>8 yrs</u>		10. KIND OF BUSINESS OR INDUSTRY <u>school</u>	11. BIRTHPLACE (State or foreign country) <u>U.S.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13. FATHER'S NAME <u>John Cox</u>	
14. MOTHER'S MAIDEN NAME <u>Hermane Hayes</u>		15. NAME OF HUSBAND OR WIFE <u>never married</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. SOCIAL SECURITY NO. <u>none</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>aplastic anemia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>bronchopneumonia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <u>491X</u>		22. I hereby certify that I attended the deceased from <u>9-5-52</u> to <u>9-23-52</u> , 1952, that I last saw the deceased alive on <u>9-23-52</u> , 1952, and that death occurred at <u>9:55 PM</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>John C. Henney M.D.</u>		23b. ADDRESS <u>500 S. Kingshighway</u>	
23c. DATE SIGNED <u>9-25-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
24b. DATE <u>9-24-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Terre Haute, Ind.</u>	
24d. LOCATION (City, town, or county) (State) <u>Terre Haute, Ind.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	
25. ADDRESS <u>4700 Washington</u>		DATE REC'D BY LOCAL SEP 24 1952 REG.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

John L. Renne
Licensed Embalmer No. 4194
P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.